

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mazie Hirono

A. Full Name (Last, First, Middle Initial) Hawaiian Telcom	Transaction ID: D296949 Date of Disbursement
Mailing Address 1177 Bishop St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 9</div> </div>
City Honolulu State HI Zip Code 96813-2808	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Service Candidate Name <div>Category/Type</div>	<div> <div>717.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
B. Full Name (Last, First, Middle Initial) Cara Mazzei	Transaction ID: D296958 Date of Disbursement
Mailing Address 3912 Maunahilu Place #A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 9</div> </div>
City Honolulu State HI Zip Code 96816	Amount of Each Disbursement this Period
Purpose of Disbursement Reimb - Supplies for catered event Candidate Name <div>Category/Type</div>	<div> <div>36.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
C. Full Name (Last, First, Middle Initial) Thomas H. Oi	Transaction ID: D296972 Date of Disbursement
Mailing Address 3414 Maluhia St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 0 9</div> </div>
City Honolulu State HI Zip Code 96816-2736	Amount of Each Disbursement this Period
Purpose of Disbursement Reimb-Food & Supplies for Volunteers Candidate Name <div>Category/Type</div>	<div> <div>388.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)

1141.73

TOTAL This Period (last page this line number only)